

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/857763**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	1						51						
2		1					52						
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47							97						
48							98						
49							99						
50							100						
ITAL D.							TOTAL IND.						
ITAL P.							TOTAL DEP.						
ITAL CLAIMS							TOTAL CLAIMS						